

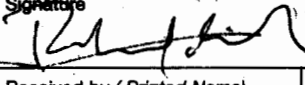
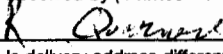


**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>CA No. 04-10345-NMG</b>	
DEFENDANT <b>MOHAMMED ABDUL AZIZ QURAISHI</b>		TYPE OF PROCESS <b>Preliminary Order of Forfeiture</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: <b>Mohammed Abdul Aziz Quraishi</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): <b>38 Kevin Clancy Way, Stoughton, Massachusetts 02072</b>		
Send NOTICE OF SERVICE copy to Requester:  <b>KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210</b>		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. <span style="float: right;">KAB x3294</span>			
Signature of Attorney or other Originator requesting service on behalf of [ X ] Plaintiff [ ] Defendant		Telephone No. <b>(617) 748-3100</b>	Date <b>March 3, 2006</b>
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [ ] AM [ ] PM
		Please see Remarks	
		Signature, Title and Treasury Agency <b>Stephen P. Leonard, Forfeitures Officer</b>	
REMARKS: <b>The Preliminary Order described above was served as directed by certified mail. Certified Mail receipt number 7001 2510 0003 4299 4528 attached showing delivery on March 25, 2006</b>			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT    ☐ FOR CASE FILE    ☐ LEAVE AT PLACE OF SERVICE    ☐ FILE COPY

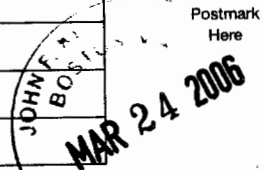
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mohammed Abdul Aziz Quraishi  38 Kevin Clancy Way  Stoughton, MA 02072</p>		<p>B. Received by (Printed Name)  </p>	<p>C. Date of Delivery  3/25</p>
<p>2. Article Number  (Transfer from s</p> <p>7001 2510 0003 4299 4528</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Postmark Here  


Sent To  
Mohammed Abdul Aziz Quraishi  
Street, Apt. No., or PO Box No. 38 Kevin Clancy Way  
City, State, ZIP+4 Stoughton, MA 02072

7001 2510 0003 4299 4528